

TRICARE Extended Care Health Option (ECHO)

*For certain Active
Duty Family
Members*



Please provide feedback on this brochure at:
<http://www.tricare.mil/evaluations/feedback>



An Important Note About TRICARE Program Changes

At the time of printing, the information in this brochure is current. It is important to remember that TRICARE policies and benefits are governed by public law. Changes to TRICARE programs are continually made as public law is amended. For the most recent information, contact your regional contractor or TRICARE Service Center.

TRICARE ECHO

The TRICARE Extended Care Health Option (ECHO) provides financial assistance to active duty family members who qualify based on specific mental or physical disabilities and offers an integrated set of services and supplies not available through the basic TRICARE program.

TRICARE ECHO supplements the benefits of the TRICARE program option you currently use—TRICARE Prime (including TRICARE Prime Remote for Active Duty Family Members), TRICARE Standard, or TRICARE Extra. This brochure highlights eligibility requirements, benefits provided, and associated costs. You also will learn about special requirements and where to go for more information or assistance.

Note: TRICARE ECHO replaced the Program for Persons with Disabilities (PPPWD).

TRICARE ECHO is administered by regional contractors in the TRICARE North, South, and West regions and by TRICARE Area Offices in overseas locations. Refer to pages 10–11 or to the back cover for contact information.

Eligibility

TRICARE ECHO is available **only** to active duty family members who have a qualifying condition.

Qualifying conditions include:

- Moderate or severe mental retardation
- A serious physical disability
- An extraordinary physical or psychological condition of such complexity that the beneficiary is homebound
- A diagnosis of a neuromuscular developmental condition or other condition in an infant or toddler that is expected to precede a diagnosis of moderate or severe mental retardation or a serious physical disability
- Multiple disabilities, which may qualify if there are two or more disabilities affecting separate body systems

If you or your provider believe a qualifying condition exists, talk to a case manager or with your regional contractor to determine eligibility for TRICARE ECHO benefits.

To begin using TRICARE ECHO, qualifying family members must be enrolled in the Exceptional Family Member Program (EFMP)* and must register for TRICARE ECHO with the appropriate regional contractor. Learn more in the “Special Requirements” section on pages 4–7. See pages 10–11 for regional contractor information.

**Under certain circumstances, the EFMP enrollment requirement may be waived. Contact your regional contractor for more information.*

Note: Some children may remain eligible for ECHO services after the usual age limits, as long as the sponsor remains on active duty. The sponsor’s service branch is responsible for determining continued beneficiary eligibility. Contact your service branch’s personnel office to find out how to appropriately document your family member’s disability in the Defense Enrollment Eligibility and Reporting System (DEERS).

Benefits

For those who qualify, TRICARE ECHO provides benefits **not** available through the basic TRICARE program. These benefits may include:

- Medical and rehabilitative services
 - Training to use assistive technology devices
 - Special education
 - Institutional care when a residential environment is required
 - Transportation under certain circumstances
 - Assistive services, such as those from a qualified interpreter or translator
 - Durable equipment, including adaptation and maintenance
 - Expanded in-home medical services through TRICARE ECHO Home Health Care (see page 9)
 - In-home respite care services
 - ECHO Respite care—16 hours per month when receiving other authorized ECHO benefits
 - TRICARE ECHO Home Health Care Respite care—up to 40 hours per week (eight hours per day, five days per week) for those who qualify
- Note: Only one of the above respite care benefits can be used in the same calendar month—they cannot be used together.*

Beneficiaries enrolled in TRICARE Prime who receive TRICARE ECHO benefits must comply with all requirements of TRICARE Prime, such as using the primary care manager for routine care and obtaining referrals for specialty care.

Special Requirements

Enrollment in the Exceptional Family Member Program

Although some programs may have a different name, each uniformed services branch—Army, Air Force, Navy, Marine Corps, and Coast Guard—has an Exceptional Family Member Program (EFMP). These programs help ensure military families are located in geographical areas where their family members' needs can be met.

The EFMP:

- Identifies family members with special medical and/or educational needs
- Documents the services they require
- Considers those needs during the personnel-assignment process (especially when approving family members for accompanied travel to overseas locations)
- Involves coordination with personnel and medical commands and the educational system

Enrollment in the EFMP is mandatory* and is required immediately upon identification of a family member with special needs. Each uniformed services branch has its own EFMP enrollment process.

**Under certain circumstances, the EFMP enrollment requirement may be waived. Contact your regional contractor for more information.*

For more EFMP information, visit www.militaryhomefront.dod.mil/efm and select “EFMP;” speak to a Special Needs Coordinator at your local military treatment facility, or visit the Exceptional Family Member Program Information Web site listed on the back of this brochure.

Register for TRICARE ECHO

To receive TRICARE ECHO benefits, you must register with your regional contractor. Your regional contractor will need documentation stating that you are an active duty family member, that a qualifying condition exists, and that you are enrolled in the EFMP. When the registration is complete, your DEERS record is modified to indicate eligibility for TRICARE ECHO. See pages 10–11 for regional contractor information.

Use Public Funds and Facilities First

Many communities offer public funds or programs for persons with disabilities. You must use these resources first to the extent they are available and adequate for TRICARE ECHO benefits related to:

- Training
- Rehabilitation
- Special education
- Assistive technology devices
- Institutional care in private nonprofit, public and state institutions/facilities, and if appropriate, transportation to and from such institutions and facilities

If adequate public assistance is not available, you must include a letter from the proper public official explaining why public assistance is unavailable or insufficient with your request for TRICARE ECHO benefits.

Special Requirements (continued)

Have Benefits Authorized in Advance

Your regional contractor must authorize all benefits under TRICARE ECHO in advance.

Most providers will file claims on your behalf. If you are required to file a claim for ECHO-authorized care, you or your sponsor should use DD Form 2642 (“Patient’s Request for Medical Payment”) available at www.tricare.osd.mil/claims or from your regional contractor. Include a copy of the authorization with the claim form.

Seek Care from TRICARE Providers

All services, supplies, and equipment must be received from a TRICARE-authorized provider. Check with your regional contractor to find out if your provider is TRICARE-authorized. If you want to change health care providers while receiving TRICARE ECHO benefits, you must obtain a new benefit authorization from your regional contractor.

When Your Active Duty Sponsor Is Reassigned

If you accompany your sponsor to a new duty location, you must obtain new ECHO benefit authorizations before receiving ECHO services at your new location.

If you anticipate a move to another region, you should work with your local TRICARE Service Center (TSC) or case manager before you move to ensure the transition is as smooth as possible. On arrival at the new duty location, your sponsor should contact the Beneficiary Counseling and Assistance Coordinator (BCAC) or TSC to ensure the transition plans are in place and to obtain authorizations for TRICARE ECHO services.



Costs

Sponsors must pay part of the monthly expenses for their family members to receive authorized ECHO benefits. The monthly cost-share is based upon the sponsor’s pay grade as shown in the following chart.

Pay Grade	Monthly Cost-share
E-1 to E-5	\$25
E-6	\$30
E-7, O-1	\$35
E-8, O-2	\$40
E-9, W-1, W-2, O-3	\$45
W-3, W-4, O-4	\$50
W-5, O-5	\$65
O-6	\$75
O-7	\$100
O-8	\$150
O-9	\$200
O-10	\$250

The monthly cost-share is only one fee per sponsor, not per ECHO beneficiary. The cost-share is only paid if ECHO benefits are used in that calendar month.

The TRICARE ECHO benefit is limited to \$2,500 per calendar month per eligible family member, except for the ECHO Home Health Care benefit.

After you pay the monthly cost-share, TRICARE will pay up to \$2,500 per calendar month for each ECHO-registered beneficiary for authorized ECHO benefits. The TRICARE ECHO Home Health Care benefit limit is not included in this \$2,500 monthly limit (see below for details).

Therefore, if an individual ECHO beneficiary’s costs exceed \$2,500 in a calendar month, you are responsible for paying the additional costs.

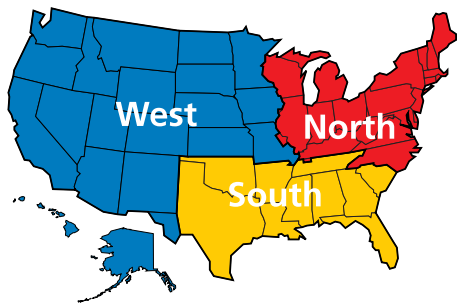
Costs cannot be “shared” between family members, since costs are on an individual basis. For example, if an ECHO beneficiary in the household has used only \$1,500 in benefits for the month, the \$1,000 difference cannot be credited to another ECHO beneficiary.

TRICARE ECHO Home Health Care Benefit

The annual TRICARE limit for TRICARE ECHO Home Health Care is the amount TRICARE will pay annually if the ECHO-registered beneficiary resides in a skilled nursing facility. For more information about TRICARE ECHO Home Health Care, contact your case manager, local BCAC, or regional contractor.

Register in Your Region

To find out if you or a family member qualifies for ECHO benefits, visit your local BCAC or TSC, or contact your regional contractor. To find a BCAC, visit www.tricare.osd.mil/bcacdcao. See below for your regional contractor's information.



TRICARE North Region

If you live in the TRICARE North Region, contact Health Net Federal Services, Inc., at 1-877-TRICARE (1-877-874-2273) or visit: www.healthnetfederalservices.com

TRICARE South Region

If you live in the TRICARE South Region, contact Humana Military Healthcare Services, Inc., at one of the phone numbers listed below or visit: www.humana-military.com

South Region Location	Contact
Florida (except the panhandle), Georgia, and South Carolina	1-800-447-6072
Alabama, Florida panhandle, Louisiana (east of the Mississippi River), Mississippi, and Tennessee	1-866-323-7155
Arkansas, Louisiana (west of the Mississippi River), Oklahoma, and Texas (excluding the El Paso portion of West Texas)	1-800-447-8808

TRICARE West Region

If you live in the TRICARE West Region, contact TriWest Healthcare Alliance at one of the phone numbers listed below or visit: www.triwest.com

West Region Location	Contact
Northwest Hub: Washington, Oregon, Alaska, and N. Idaho	Phone: 1-866-876-2384 (ext. 23466) Fax: 1-866-269-5881
Southwest Hub: California, Nevada, and Yuma, Arizona	Phone: 1-866-876-2384 (ext. 67607 or 48410) Fax: 1-866-269-5828
Mountain Hub: Arizona, El Paso Texas, New Mexico, Utah, Montana, and S. Idaho	Phone: 1-866-876-2384 (ext. 48365) Fax: 1-866-269-5819
Central Hub: Colorado, Nebraska, Minnesota, Iowa, N. Dakota, S. Dakota, Wyoming, Missouri, and Kansas	Phone: 1-866-876-2384 (ext. 57900) Fax: 1-866-312-5840
Hawaii Hub: Hawaii	Phone: 1-866-876-2384 (ext. 17205) Fax: 1-866-269-5814
Corporate Office: ECHO POC	Phone: 1-866-876-2384 (ext. 48124)

Overseas

ECHO benefits may be available overseas. Contact your local military treatment facility or TRICARE Area Office for information. Call 1-888-777-8343 or visit www.tricare.osd.mil/overseas for all overseas locations.

Key Points to Remember

- TRICARE ECHO is only for active duty family members who have a qualifying condition.
- To receive TRICARE ECHO benefits, beneficiaries must be enrolled in EFMP* and be registered with their regional contractor.
- Authorization from your regional contractor is required before receiving TRICARE ECHO benefits.
- The TRICARE ECHO benefit is limited to \$2,500 per calendar month per eligible family member, except for the ECHO Home Health Care benefit.
- TRICARE Prime enrollees receiving TRICARE ECHO benefits must comply with all TRICARE Prime rules.

**Under certain circumstances, the EFMP enrollment requirement may be waived. Contact your regional contractor for more information.*

Remember, TRICARE ECHO is administered by regional contractors in the TRICARE North, South, and West regions and by TRICARE Area Offices in overseas locations. Refer to pages 10–11 or to the back cover for contact information.



For Information and Assistance

TRICARE North Region Contractor

1-877-TRICARE (1-877-874-2273)
www.healthnetfederalservices.com

TRICARE South Region Contractor

1-800-444-5445
www.humana-military.com

TRICARE West Region Contractor

1-888-TRIWEST (1-888-874-9378)
www.triwest.com

TRICARE Overseas

(TRICARE Europe, TRICARE Latin America and Canada, and TRICARE Pacific)
1-888-777-8343
www.tricare.osd.mil/overseas

Defense Enrollment Eligibility Reporting System (DEERS)—Verify Eligibility

1-800-538-9552
www.tricare.osd.mil/DEERS

Exceptional Family Member Program Information

www.militaryhomefront.dod.mil/efm

Air Force Special Needs Identification and Assignment Coordination (SNIAC)

www.afspecialneeds.org

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